

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

County.....BUCHANAN  
Township.....WASHINGTON  
City.....ST. JOSEPH, (No. 1716 PENN. ST.)

Registration District No.....  
Primary Registration District No.....

File No. 37162  
Registered No. 1138  
St. .... Ward)

2. FULL NAME. MRS. ANNA MARSHALL

(a) Residence, No. 1716 PENN STREET, St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE  
4. COLOR OR RACE WHITE  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALBERT MARSHALL  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 6, 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
35 78 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME  
10. Date deceased last worked at this occupation (month and year) UNK  
11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) BREMEN  
(STATE OR COUNTRY) GERMANY

13. NAME HENRY MYERS  
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY) GERMANY

15. MAIDEN NAME MARGARET SCHRADER,  
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY) GERMANY

17. INFORMANT BENTON F. MARSHALL  
(ADDRESS) ST. JOSEPH, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ASHLAND CEMETERY, DATE Oct. 18th. 1937

19. UNDERTAKER FLEEMAN & SON, INC.  
(ADDRESS) 1946 COLHOUN. ST. JOSEPH, MO.

20. FILED 10 - 15 1937  
Nestlebusch  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 15, 1937, 19  
22. I HEREBY CERTIFY, That I viewed  
Oct 15th 1937, to

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:20 A.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach  
Date of onset

Other contributory causes of importance: none  
Name of operation ..... Date of .....  
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) B. D. Tadlock - Coroner, M. D.  
(Address) King Hill Bldg

